Belmont Recreation Department Program Registration

REGISTRATIONS RECEIVED IN ADVANCE OF ANNOUNCED DATES WILL NOT BE PROCESSED

ONE REGISTRATION FORM PER PARTICIPANT .COMPLETE AND MAIL TO: P.O. BOX 56, BELMONT MA 02478

Participant	Age	Grade	DOB	M/F	School
Address	Town	Zip	e-mail address		
Parent/Guardian Name (print clearly)	Phone		Emergency Phone		
Program Name		SESSION / DATE		LEVEL	TIME
Program Name		SESSION / DATE		LEVEL	TIME
Program Name		SESSION / DATE		LEVEL	TIME
Program Name		SESSION / DATE		LEVEL	TIME
Program Name		SESSION / DATE		LEVEL	TIME
Program Name		SESSION / DATE		LEVEL	TIME
Will your child require any special ac	commodation	s/placement?			
ARE YOU WILLING TO VOLUNTI	EER/CHAPEI	RONE? Dates, if	applicable		
Programs needing volunteers include Baseball & Softball	Recreation H	ockey, Nashoba V	alley Ski l	Program, Con	dey League Tee-Ball,
I, the undersigned, waive Belmont Recreation Belmont Recreation Department's programs and/or medication during Recreation Department may appoint or desi of the nearest hospital and I further authoriz the well being of myself/my child. It is und will be contacted by telephone for permission	s. In the event the timent programs, gnate to carry ou e the hospital are erstood, however	nat I/my child should I authorize such phy at the necessary treat and its medical staff to	require any resician or en ment, or to to provide the	minor medical nergency care stated me/my child take me/my child treatment deem	or surgical treatment aff that the Belmont d to the emergency room ned necessary by them for
Participant/Parent/Guardian (must be 18 years of	or older)		Date		

The Recreation Commission has a **ZERO TOLERANCE POLICY** for misconduct by a participant or parent while at a Recreation Dept. program or facility. Any person who willfully disregards Recreation Commission rules may have their membership/participation privileges revoked.